

Summer Swim

June 22 – 26; June 29 – July 3, 2015

Bowdoin College Pool

Harpswell residents ages 4 & up. Non-residents welcome.

Registration is on a first-come/first-serve basis.



Courses & Schedules: Levels 1 – 6

Monday, June 22 ONLY

Session 1: 1 – 2 p.m.

Session 2: 2 – 3 p.m.

Session 3: 3 – 4 p.m.

June 23 – 26; June 29 – July 3

Session 1: 8 – 9 a.m. 🚌

Session 2: 9 – 10 a.m.

Session 3: 10 – 11 a.m.

*Please indicate your first and second choices for **Session** on the Registration form. Parents will be notified as to which Session their child(ren) will be assigned.*

NOTE: 🚌 On Mon. 6/22* - Fri. 6/26 and Mon. 6/29 - 7/3, the bus for Camp Harpswell will depart after the 8 a.m. session. *On 6/22 only, there will be no bus to Camp Harpswell, though Camp will begin that morning.

General Information:

❖ Harpswell residents: \$40 per person (10 lessons); Non-residents add \$10 surcharge. Scholarships available for Harpswell children through the Joyce Brown Swim Fund.

❖ Questions? Contact **Linda Blanton** (833-2980); or **Gina Perow** (833-5771) or recreation@town.harpswell.me.us

❖ Anyone who signs up their child(ren) for Camp Harpswell **on or before May 23** will be scheduled in the 8:00 Swim class.

Registration Form and Liability Waiver are on PAGE 2.

SUMMER SWIM PROGRAM REGISTRATION NOTES:

- ➔ Fill out a separate form for each child.
- ➔ All siblings will be scheduled in the same swim session.
- ➔ Proof of medical insurance (both sides of the insurance card) is required for a child to participate in this program. You may:
 - Enclose a copy of the insurance card with the registration form(s)
 - Fax a copy to the Town Office (207-833-0058)
 - Send a scanned copy (both sides) to recreation@town.harpswell.me.us
 - Bring the card to the Town Office to have it copied

The insurance record will be retained on file in the Recreation Office. If you do not have health insurance or have questions about this requirement, please contact Gina Perow, Recreation Director, at 833-5771 or recreation@town.harpswell.me.us.

Registration: Make checks payable to: **Town of Harpswell**

Return the completed registration form, insurance information and the proper fee to:

Town of Harpswell, Recreation Dept.

P.O. Box 39, Harpswell, ME 04079

----- PLEASE DETACH HERE -----

2015 Harpswell/Red Cross Summer Swim Registration Form

For office use only:

#R4141 _____

Date Rec'd. _____

Med. Insur. _____

Name _____

Phone _____

Address _____

Date of Birth _____ Age _____

_____ Zip _____

E-mail _____

Emerg. contact _____

Phone # _____

Medical concerns _____

Proof of medical insurance: enclosed _____ sent electronically _____

Please check course:

____ Level 1 Introduction to Water

____ Level 2 Fundamental Aquatics

____ Level 3 Stroke Development

____ Level 4 Stroke Improvement

____ Level 5 Stroke Refinement

____ Level 6 Swimming & Skill Proficiency

Session: 1st choice _____ 2nd choice _____ ☐ Child is registered for Camp Harpswell

Participant Release/Assumption of Risk Agreement/Agreement to Indemnify & Hold Harmless

Each person signing below understands that participation in the Town of Harpswell ("Town") program, activity and/or special event can involve the risk of damage and injury, including serious injury, to both people and property. Each person signing below understands and agrees that the Town, its agents, officers and employees, accept no responsibility, and will not be liable, for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) occurring during or arising out of participation in any Town program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers and employees, Bowdoin College and The American Red Cross from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event.

Photos & videos taken may be used for local publicity, website & Facebook

I, (please print) _____ have read and understand the Liability Waiver.

Signature of Parent or Guardian _____

Return Completed Form to the Town Office There is an after-hour drop box to the right of the glass entrance